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PTO/SB/21 (08-03)

Approved for use through 07/31/2008. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

|                        |                 |
|------------------------|-----------------|
| Application Number     | 08/416,920      |
| Filing Date            | April 21, 1995  |
| First Named Inventor   | Stefan MILTENYI |
| Art Unit               | 1644            |
| Examiner Name          | R. B. Schwadron |
| Attorney Docket Number | 212302000320    |

Total Number of Pages in This Submission 5

### ENCLOSURES (Check all that apply)

|   |  |  |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>1. Request for Withdrawal as Attorney and Change of Correspondence Address (in triplicate) - 3 pages<br>2. Confirmation Letter - 1 page<br>3. Return Receipt Postcard |
| <div>Remarks</div>  |  |  |

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                         |   |
|-------------------------|---|
| Firm or Individual name | MORRISON & FOERSTER LLP (Customer No. 25226)<br>Gladys H. Monroy - 32,430 |
| Signature               | <i>Gladys Monroy</i>  |
| Date                    | July 2, 2004  |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: July 2, 2004

Signature: *Thao T. Pham* (Thao T. Pham)



PTO/SB/83 (09-03)  
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|   |                        |                 |
|---|------------------------|-----------------|
| <b>REQUEST FOR WITHDRAWAL<br/>AS ATTORNEY OR AGENT<br/>AND CHANGE OF<br/>CORRESPONDENCE ADDRESS</b> | Application Number     | 08/416,920      |
|   | Filing Date            | April 21, 1995  |
|   | First Named Inventor   | Stefan MILTENYI |
|   | Art Unit               | 1644            |
|   | Examiner Name          | R. B. Schwadron |
|   | Attorney Docket Number | 212302000320    |

Commissioner for Patents  
To: P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.  
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or  
☐ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

This request is being made at the request of Miltenyi Biotec GmbH

#### CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.  
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ Customer Number

OR

☒ Firm or Individual Name Ted Apple (Townsend and Townsend and Crew)

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| Signature |                   |       |            | Registration No. | 32,430         |
| Date      | July 1, 2004      |       |            | Telephone No.    | (650) 813-5711 |

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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Dated: July 2, 2004

Signature: (Thao T. Pham)